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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/726,767	
	Filing Date	December 3, 2003	
	First Named Inventor	Margaret Marie Nixon	
	Art Unit	3731	
	Examiner Name	Michael G. Mendoza	
Total Number of Pages in This Submission	11	Attorney Docket Number	AQMED.0103

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard Acknowledgement
Remarks <p style="text-align: center;">Response to Office Action Dated December 15, 2004</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David W. Carstens Carstens & Cahoon, LLP
Signature	
Date	March 15, 2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Joann M. Young		
Signature		Date	March 15, 2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Margaret Marie Nixon
Serial Number: 10/726,767
Filing Date: December 3, 2003
Title: Surgical Tape Tensioner
Examiner: Michael G. Mendoza
Art Unit: 3731

MS Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

RESPONSE TO CLAIM REJECTIONS MAILED ON DECEMBER 15, 2004

In response to an Office Action mailed on December 15, 2004, Applicants hereby offer the following remarks:

DRAWINGS

The Examiner issued an objection pursuant to 37 CFR 1.84(p)(5) because the reference sign **216** was not found in the drawings as originally submitted. Attached to this response is a replacement sheet for the first page of drawings. The attached sheet is labeled as "replacement sheet" as is required. Applicant therefore respectfully requests Examiner to withdraw the rejection based on 37 CFR 1.84(p)(5).